

APPOINTMENT OF AND AUTHORITY TO PAY COURT APPOINTED COUNSEL

1. JURISDICTION 1 <input type="checkbox"/> MAG. 2 <input checked="" type="checkbox"/> DIST. 3 <input type="checkbox"/> APPEALS 4 <input type="checkbox"/> OTHER		2. MAG. DOCKET NO.		3. DIST. CT. DOCKET NO. 00-6273-CR-Hick		VOUCHER NO. 0858877	
4. APPEALS DOCKET NO.		5. FOR (DISTRICT/CIRCUIT) SD/FL		6. LOC. CODE FLSFL		7. CHARGE/OFFENSE (U.S. or other code citation) 18:1962, 1959, 513	
8. IN THE CASE OF USA vs Hernandez		9. PERSON REPRESENTED (FULL NAME) Ariel Hernandez				7A. CASE CODE 7480	
10. PERSON REPRESENTED (STATUS) 1 <input checked="" type="checkbox"/> DEFENDANT-ADULT 3 <input type="checkbox"/> APPELLANT 5 <input type="checkbox"/> OTHER 2 <input type="checkbox"/> DEFENDANT-JUVENILE 4 <input type="checkbox"/> APPELLEE				11. PROCEEDINGS (Describe briefly) all proceedings			
12. PAYMENT CATEGORY A <input checked="" type="checkbox"/> FELONY C <input type="checkbox"/> PETTY OFFENSE E <input type="checkbox"/> OTHER B <input type="checkbox"/> MISDEMEANOR D <input type="checkbox"/> APPEAL				<div style="border: 2px solid black; padding: 5px; text-align: center;"> FILED BY OCT 2 2000 D.C. </div>			
13. COURT ORDER O <input checked="" type="checkbox"/> Appointing Counsel F <input type="checkbox"/> Subs. for FD C <input type="checkbox"/> Co-Counsel R <input type="checkbox"/> Subs. for Retained Atty. P <input type="checkbox"/> Subs. for Panel Atty. _____ Name of prior panel attorney _____ Appt. Date _____ Voucher No. _____							
Because the above-named "person represented" has testified under oath or has otherwise satisfied this court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in item 14 is appointed to represent this person in this case. Sig. of Presiding Judicial Officer or By Order of Court (Clerk/Deputy) 9 29 - 00 Date of Order _____ Nunc Pro Tunc Date _____				14. FULL NAME OF ATTORNEY/PAYEE (First Name, M.I., Last Name, Including Suffix) AND MAILING ADDRESS (LA, FL, LAUD.) Jeffrey A. Linkie Esq. 1035 N W 11th Ave Miami FL 33136			
				15. WORK PHONE (305) 373 4445		16A. Does the attorney have the preexisting agreement (see instructions) with a corporation, including a professional corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
16B. SOCIAL SECURITY NO. (Only provide per instructions)				16C. EMPLOYER I.D. NO. (Only provide per instructions)			
16D. NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per instructions)							

CLAIM FOR SERVICES OR EXPENSES

		SERVICE	HOURS	DATES	
IN COURT	17. a.	Arraignment and/or Plea			Multiply rate per hour times total hours to obtain "In Court" compensation. Enter total below. 17A. TOTAL IN COURT COMP.
	b.	Ball and Detention Hearings			
	c.	Motions Hearings			
	d.	Trial			
	e.	Sentence Hearings			
	f.	Revocation Hearings			
	g.	Appeals Court			
	h.	Other (Specify on additional sheets)			
		(Rate per hour = 70) TOTAL HOURS =			\$
OUT OF COURT	18. a.	Interviews and conferences			Multiply rate per hour times total hours. Enter total "out of court" compensation below. 18A. TOTAL OUT OF COURT COMP.
	b.	Obtaining and reviewing records			
	c.	Legal research and brief writing			
	d.	Travel time (Specify on additional sheets)			
	e.	Investigative and other work (Specify on additional sheets)			
		(Rate per hour = 50) TOTAL HOURS =			\$
EXPENSES	19.	TRAVEL, LODGING, MEALS ETC.	AMOUNT	OTHER EXPENSES	AMOUNT
		19A. TOTAL TRAVEL EXP.		\$	
		19B. TOTAL OTHER EXP.		\$	
		20. GRAND TOTAL CLAIMED		\$	

21. CERTIFICATION OF ATTORNEY/PAYEE FOR PERIOD _____ TO _____					
F <input type="checkbox"/> Final Payment I <input type="checkbox"/> Interim Payment No. _____ Has compensation and/or reimbursement for work in this case previously been applied for? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, by whom where you paid? _____ How much? _____ Has the person represented paid any money to you, or to your knowledge to anyone else, in connection with the matter for which you were appointed to provide representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give details on additional sheets. _____ I swear or affirm the truth or correctness of the above statements					
SIGNATURE OF ATTORNEY/PAYEE					DATE
APPROVED FOR PAYMENT	22. IN COURT COMP.	23. OUT OF COURT COMP.	24. TRAVEL EXPENSE	25. OTHER EXPENSES	26. TOTAL AMT. APPROVED/CERT.
	\$	\$	\$	\$	\$
	27. SIGNATURE OF PRESIDING JUDICIAL OFFICER				27A. JUDGE/MAG. CODE
28. SIGNATURE OF CHIEF JUDGE, CT. OF APPEALS (OR DELEGATE)				DATE	29. TOTAL AMT. APPROVED
					\$